

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D MAR 24 1938

Dr. Francis
 Camp
 6801
 Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 318
 (b) Township Springfield Primary Registration District No. 2001
 (c) City Springfield (If death occurred in Hospital or Institution, write its name instead of street and number) St. Mo.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Dr. David T. Nizer 260
 (a) Residence, No. 1115 E. Elm St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF R. Belle Nizer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1955
 7. AGE YEARS 82 MONTHS 8 DAYS 2 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Biological
 9. Industry or business in which work was done, as saw mill, bank, etc. Teacher
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ohio
 FATHER 13. NAME Ely Nizer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK
 MOTHER 15. MAIDEN NAME Maria Hartman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UK
 17. INFORMANT (ADDRESS) Mrs. R. Belle Nizer
Springfield Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Feb 22, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Alma Johnson
Springfield Mo.
 20. FILED Feb 21, 1938 Chas. C. George
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1938
 22. I HEREBY CERTIFY, that I attended deceased from Feb. 10, 1938 to Feb. 20, 1938
 I last saw him alive on Feb. 19, 1938. Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
 Date of onset Feb. 16
 Other contributory causes of importance:
 Name of operation none Date of
 What test confirmed diagnosis? Amstel Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Francis B. Camp M. D.
 (Address) Springfield Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Alma Schmeyer, Licensed Embalmer No. 2790

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)